

**Fill in this information to identify the case:**

Debtor name **Clifton Hospitality Inc.**

United States Bankruptcy Court for the **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) **19-11094-1**

☒ Check if this is an amended filing

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**



**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct.

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☐ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☒ Amended Schedule **207 - Statement of Financial Affairs**
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

**7/2/19**

X

Signature of individual signing on behalf of debtor

**Frank M. Carnevale**

Printed name

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Clifton Hospitality Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF NEW YORK**

Case number (if known) **19-11094-1**

☐ Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346</b>	<b>\$781.02</b>	<b>\$781.02</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2	Priority creditor's name and mailing address <b>NYS Department of Tax &amp; Finance Bankruptcy Section P.O. Box 5300 Albany, NY 12205-0300</b>	<b>\$101,351.84</b>	<b>\$101,351.84</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim:		
	Last 4 digits of account number		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

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2.3	Priority creditor's name and mailing address <b>NYS Department of Tax &amp; Finance</b> <b>Bankruptcy Section</b> <b>P.O. Box 5300</b> <b>Albany, NY 12205-0300</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$87,394.65</b>	<b>\$87,394.65</b>
Date or dates debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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2.4	Priority creditor's name and mailing address <b>Office of the Saratoga County</b> <b>Treasurer</b> <b>Hotel Tax Department</b> <b>40 McMaster Street</b> <b>Ballston Spa, NY 12020</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$9,929.47</b>	<b>\$9,929.47</b>
Date or dates debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address <b>A-Verdi LLC</b> <b>14150 Route 31</b> <b>Savannah, NY 13146</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$442.08</b>
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.2	Nonpriority creditor's name and mailing address <b>Ale Solutions, Inc.</b> <b>One W. Illinois Street, Ste #300</b> <b>Saint Charles, IL 60174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$776.10</b>
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.3	Nonpriority creditor's name and mailing address <b>Ale Solutions, Inc.</b> <b>One W. Illinois Street, Ste #300</b> <b>Saint Charles, IL 60174</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$318.40</b>
Date(s) debt was incurred _____ Last 4 digits of account number _____		Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **Clifton Hospitality Inc.**  
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3.4	Nonpriority creditor's name and mailing address <b>All Seasons Textile Services, Inc.</b> 9 Taylor Avenue P.O. Box 222 Clinton, NY 13323 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$114.75</b>
3.5	Nonpriority creditor's name and mailing address <b>Alliance Reservations Network</b> 428 East Thunderbird Road, #247 Phoenix, AZ 85022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$906.30</b>
3.6	Nonpriority creditor's name and mailing address <b>American Express</b> P.O. Box 1270 Newark, NJ 07101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,414.96</b>
3.7	Nonpriority creditor's name and mailing address <b>American Hotel Register Company</b> 100 South Milwaukee Avenue Vernon Hills, IL 60061-4305 Date(s) debt was incurred ____ Last 4 digits of account number <u>0401</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,715.57</b>
3.8	Nonpriority creditor's name and mailing address <b>AmTrust North America</b> 800 Superior Avenue E Cleveland, OH 44114 Date(s) debt was incurred ____ Last 4 digits of account number <u>0487</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,007.00</b>
3.9	Nonpriority creditor's name and mailing address <b>Ascentium Capital LLC</b> 23970 Highway 59N Kingwood, TX 77339 Date(s) debt was incurred ____ Last 4 digits of account number <u>5339</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.10	Nonpriority creditor's name and mailing address <b>Askco Electric Supply Inc.</b> 14 Cooper Street P.O. Box 2176 Glens Falls, NY 12801 Date(s) debt was incurred ____ Last 4 digits of account number <u>COMSUI</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,422.60</b>

Debtor <b>Clifton Hospitality Inc.</b>		Case number (if known) <b>19-11094-1</b>
Name		
3.11	Nonpriority creditor's name and mailing address <b>Assa Abloy Entrance Systems US Inc.</b> <b>1900 Airport Road</b> <b>Monroe, NC 28110</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>0045</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$2,774.15</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	Nonpriority creditor's name and mailing address <b>Assa Abloy Entrance Systems US Inc.</b> <b>1900 Airport Road</b> <b>Monroe, NC 28110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$538.65</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address <b>Booking.com</b> <b>P.O. 414462</b> <b>Boston, MA 02241-4462</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$678.56</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address <b>Carbon's Golden Malted</b> <b>4101 William Richardson Drive</b> <b>South Bend, IN 46628</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$622.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address <b>Casella Waste Services</b> <b>P.O. Box 1372</b> <b>Williston, VT 05495-1372</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$338.06</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address <b>Celtic Bank</b> <b>c/o Kabbage</b> <b>P.O. Box 77081</b> <b>Atlanta, GA 30357</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$99,189.49</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address <b>Celtic Bank</b> <b>c/o Kabbage</b> <b>P.O. Box 77081</b> <b>Atlanta, GA 30357</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$99,704.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>Clifton Hospitality Inc.</b>		Case number (if known) <b>19-11094-1</b>
<small>Name</small>		
3.18	Nonpriority creditor's name and mailing address <b>Celtic Bank</b> <b>c/o Kabbage</b> <b>P.O. Box 77081</b> <b>Atlanta, GA 30357</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply</i> <b>\$11,800.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address <b>Century Linen</b> <b>335 North Main Street</b> <b>Gloversville, NY 12078</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply</i> <b>\$150.48</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address <b>Choice Hotels International</b> <b>P.O. Box 99992</b> <b>Chicago, IL 60696-7792</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2803</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <b>\$71,759.85</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	Nonpriority creditor's name and mailing address <b>Choice Hotels International</b> <b>P.O. Box 99992</b> <b>Chicago, IL 60696-7792</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2803</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <b>\$49,841.05</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	Nonpriority creditor's name and mailing address <b>Choice Hotels International, Inc.</b> <b>Attn: TMI</b> <b>1 Choice Hotels Circle, Suite 400</b> <b>Rockville, MD 20850</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>Y228</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <b>\$307,105.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	Nonpriority creditor's name and mailing address <b>Clifton Park Water Authority</b> <b>661 Clifton Park Center Road</b> <b>Clifton Park, NY 12065</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9413</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <b>\$1,497.87</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	Nonpriority creditor's name and mailing address <b>Commtrak</b> <b>17493 Nassau Commons Blvd</b> <b>Lewes, DE 19958</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply</i> <b>\$202.79</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>Clifton Hospitality Inc.</b>		Case number (if known) <b>19-11094-1</b>
<small>Name</small>		
3.25	Nonpriority creditor's name and mailing address <b>County Waste</b> <b>P.O. Box 431</b> <b>Clifton Park, NY 12065</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$356.70</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address <b>Crisafulli Bros. Plumbing &amp; Heating</b> <b>520 Livingston Avenue</b> <b>Albany, NY 12206</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>0050</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$283.55</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address <b>Deep Blue Communications, LLC</b> <b>7 Century Hill Drive</b> <b>Latham, NY 12110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$225.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address <b>Dow Jones &amp; Company</b> <b>c/o Allen Maxwell &amp; Silver</b> <b>P.O. Box 540</b> <b>Fair Lawn, NJ 07410</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>1828</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$625.76</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address <b>DSC Alarm</b> <b>P.O. Box 38216</b> <b>Albany, NY 12203</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$667.38</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address <b>ECOLAB</b> <b>P.O. Box 32027</b> <b>New York, NY 10087-2027</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>4176</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$827.65</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address <b>ECOLAB</b> <b>P.O. Box 32027</b> <b>New York, NY 10087-2027</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>4176</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,133.57</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>Clifton Hospitality Inc.</b>		Case number (if known) <b>19-11094-1</b>
<small>Name</small>		
3.32	Nonpriority creditor's name and mailing address <b>Expedia, Inc.</b> <b>P.O. Box 844120</b> <b>Dallas, TX 75284-4120</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$4,277.07</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33	Nonpriority creditor's name and mailing address <b>Frank M. Carnevale</b> <b>7 Northside Drive</b> <b>Clifton Park, NY 12065</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$8,197.60</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address <b>Functional Comm. Corp.</b> <b>23 Krey Blvd</b> <b>Rensselaer, NY 12144</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3767</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$472.97</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address <b>Gauch Distributing</b> <b>474 North Greenbush Road</b> <b>Rensselaer, NY 12144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,898.33</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address <b>Halpern Travel</b> <b>121 Loring Avenue, Suite 425</b> <b>Salem, MA 01970</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$895.90</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address <b>HD Supply Facilities Maintenance, Ltd.</b> <b>P.O. Box 509058</b> <b>San Diego, CA 92150-9058</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3773</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$9,827.11</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address <b>Industrial Chem Labs</b> <b>55 Brook Avenue</b> <b>Deer Park, NY 11729</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$151.15</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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3.39	Nonpriority creditor's name and mailing address <b>IOU Financial</b> <b>600 Town Park Lane, Suite 140</b> <b>Kennesaw, GA 30144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$74,881.40
<hr/>			
3.40	Nonpriority creditor's name and mailing address <b>KeyBank</b> <b>Commercial Loan Department</b> <b>P.O. Box 94525</b> <b>Cleveland, OH 44101-4525</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>6058</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,000.00
<hr/>			
3.41	Nonpriority creditor's name and mailing address <b>Leland Paper Company, Inc.</b> <b>10 Leland Drive</b> <b>Glens Falls, NY 12801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,554.01
<hr/>			
3.42	Nonpriority creditor's name and mailing address <b>Leonardo Worldwide Corp.</b> <b>P.O. 311116</b> <b>Detroit, MI 48231-1116</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,600.00
<hr/>			
3.43	Nonpriority creditor's name and mailing address <b>Lew's Lawn Care</b> <b>12A New Shaker Road</b> <b>Albany, NY 12205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,213.26
<hr/>			
3.44	Nonpriority creditor's name and mailing address <b>Lew's Lawn Care</b> <b>12A New Shaker Road</b> <b>Albany, NY 12205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$321.00
<hr/>			
3.45	Nonpriority creditor's name and mailing address <b>Lynn Carnevale</b> <b>7 Northside Drive</b> <b>Clifton Park, NY 12065</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$267,815.59

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3.46	Nonpriority creditor's name and mailing address <b>Merchant Data Solutions</b> <b>207 NY 355</b> <b>Poestenkill, NY 12140</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,190.00</b>
<hr/>			
3.47	Nonpriority creditor's name and mailing address <b>Michigan Millers Mutual Insurance Co.</b> <b>c/o Arthur J. Gallagher Risk Mgmt Svcs</b> <b>677 Broadway, 4th Floor</b> <b>Albany, NY 12207</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>841P</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,305.06</b>
<hr/>			
3.48	Nonpriority creditor's name and mailing address <b>Morgan Linen Service</b> <b>145 Broadway</b> <b>Menands, NY 12204</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,056.82</b>
<hr/>			
3.49	Nonpriority creditor's name and mailing address <b>National Business Leasing</b> <b>505 Bradford Street</b> <b>Albany, NY 12206</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$613.53</b>
<hr/>			
3.50	Nonpriority creditor's name and mailing address <b>National Business Technologies</b> <b>505 Bradford Street</b> <b>Albany, NY 12206</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>0927</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$306.65</b>
<hr/>			
3.51	Nonpriority creditor's name and mailing address <b>National Grid</b> <b>300 Erie Boulevard West</b> <b>Syracuse, NY 13252</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>8000</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,405.20</b>
<hr/>			
3.52	Nonpriority creditor's name and mailing address <b>National Grid</b> <b>300 Erie Boulevard West</b> <b>Syracuse, NY 13252</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>2001</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,058.92</b>

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3.53	Nonpriority creditor's name and mailing address <b>NCB Management Services, Inc.</b> <b>P.O. Box 1099</b> <b>Langhorne, PA 19047</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>4768</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99,189.49</b>
<hr/>			
3.54	Nonpriority creditor's name and mailing address <b>New York State Department of Labor</b> <b>Division of Labor Standards</b> <b>State Office Building 12, Room 185A</b> <b>Albany, NY 12240-0125</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>0478</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,849.92</b>
<hr/>			
3.55	Nonpriority creditor's name and mailing address <b>NYSEG</b> <b>Corporate Offices</b> <b>1387 Dryden Road</b> <b>Ithaca, NY 14850-8810</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>1005</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,832.80</b>
<hr/>			
3.56	Nonpriority creditor's name and mailing address <b>Onyx CenterSource</b> <b>5420 Lyndon B. Johnson Fwy #900</b> <b>Dallas, TX 75240</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,434.15</b>
<hr/>			
3.57	Nonpriority creditor's name and mailing address <b>Orkin</b> <b>5 Hemlock Street</b> <b>Latham, NY 12110-2235</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>4231</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$116.53</b>
<hr/>			
3.58	Nonpriority creditor's name and mailing address <b>Otis Elevator Company</b> <b>5500 Village Blvd, Suite 102</b> <b>West Palm Beach, FL 33407</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u><b>0159</b></u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,982.63</b>
<hr/>			
3.59	Nonpriority creditor's name and mailing address <b>Pattison Koskey Howe &amp; Bucci PC</b> <b>One Hudson City Center, Suite 203</b> <b>Hudson, NY 12534</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,078.00</b>

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3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Performance Food Service</b> <b>12500 West Creek Parkway</b> <b>Henrico, VA 23238</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>8618</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,681.21</b>
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3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Price Chopper</b> <b>c/o TRS Recovery Services, Inc.</b> <b>P.O. Box 60022</b> <b>City of Industry, CA 91716-0022</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3145</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,186.93</b>
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3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Pro Tech Automatic Sprinklers</b> <b>59 Exchange Street</b> <b>Albany, NY 12205</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$456.50</b>
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3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Quality Cleaners</b> <b>15 Park Avenue</b> <b>Shopper's World Plaza</b> <b>Clifton Park, NY 12065</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>2255</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.00</b>
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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>R&amp;D Industries, Inc.</b> <b>812 10th Street</b> <b>Milford, IA 51351</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>M002</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,951.62</b>
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3.65	<b>Nonpriority creditor's name and mailing address</b> <b>RBM-Guardian Fire Protection, Inc.</b> <b>8 Enterprise Drive</b> <b>Albany, NY 12204</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,961.68</b>
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3.66	<b>Nonpriority creditor's name and mailing address</b> <b>RFID Hotel</b> <b>55 Skyline Drive, Suite 2850</b> <b>Lake Mary, FL 32746</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$205.17</b>
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3.67	Nonpriority creditor's name and mailing address <b>Sabre Hospitality Solutions</b> <b>3150 Sabre Drive</b> <b>Southlake, TX 76092</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>6509</b>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$795.96</b>
3.68	Nonpriority creditor's name and mailing address <b>Sam's Club/GEGRB</b> <b>P.O. Box 530942</b> <b>Atlanta, GA 30353-0942</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>2665</b>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,287.26</b>
3.69	Nonpriority creditor's name and mailing address <b>Saratoga Eagle</b> <b>45 Duplainville Road</b> <b>Saratoga Springs, NY 12866</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>1830</b>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119.50</b>
3.70	Nonpriority creditor's name and mailing address <b>Sherwin Williams</b> <b>c/o McCarthy, Burgess &amp; Wolff</b> <b>26000 Cannon Road</b> <b>Bedford, OH 44146</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>3385</b>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$505.70</b>
3.71	Nonpriority creditor's name and mailing address <b>Sonifi Solutions, Inc.</b> <b>3900 West Innovation Street</b> <b>Sioux Falls, SD 57107-7002</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>8201</b>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,986.98</b>
3.72	Nonpriority creditor's name and mailing address <b>Southern Glazer's of NY Upstate</b> <b>P.O. Box 4705</b> <b>Syracuse, NY 13221-4705</b> Date(s) debt was incurred _____ Last 4 digits of account number <b>8503</b>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,162.11</b>
3.73	Nonpriority creditor's name and mailing address <b>Sunshine Landscaping</b> <b>733 Waite Road</b> <b>Clifton Park, NY 12065</b> Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,635.19</b>

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3.74	Nonpriority creditor's name and mailing address <b>Sysco Food Service</b> <b>One Liebich Lane</b> <b>Clifton Park, NY 12065</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>7549</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$32,188.94</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	Nonpriority creditor's name and mailing address <b>Telesys</b> <b>251 New Karner Road</b> <b>Albany, NY 12205</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,219.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	Nonpriority creditor's name and mailing address <b>The Daily Gazette Co Inc.</b> <b>P.O. Box 1090</b> <b>Schenectady, NY 12301-1000</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>2354</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,123.38</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	Nonpriority creditor's name and mailing address <b>The Ice Farm Inc.</b> <b>6500 New Venture Geer Drive, Suite 7594</b> <b>East Syracuse, NY 13057</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,274.10</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	Nonpriority creditor's name and mailing address <b>Time Warner Cable</b> <b>P.O. Box 0872</b> <b>Charlotte, NC 28272-0872</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>2001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,677.41</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	Nonpriority creditor's name and mailing address <b>Time Warner Cable</b> <b>P.O. Box 0872</b> <b>Charlotte, NC 28272-0872</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$241.16</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	Nonpriority creditor's name and mailing address <b>Travel Tripper LLC</b> <b>370 Lexington Avenue Suite 1601</b> <b>New York, NY 10017</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$1,216.32</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.81	Nonpriority creditor's name and mailing address TravelNet 9900 Hemingway Avenue South Cottage Grove, MN 55016  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$398.50</u>
3.82	Nonpriority creditor's name and mailing address Upstate Food Equipment P.O. Box 600 Baldwinsville, NY 13027  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,574.64</u>
3.83	Nonpriority creditor's name and mailing address W.B. Mason Co., Inc. 59 Centre Street Brockton, MA 02301  Date(s) debt was incurred ____ Last 4 digits of account number <u>0019</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$409.34</u>
3.84	Nonpriority creditor's name and mailing address William Roam 3131 North Franklin Road, Suite C Indianapolis, IN 46226  Date(s) debt was incurred ____ Last 4 digits of account number <u>193W</u>	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,726.71</u>
3.85	Nonpriority creditor's name and mailing address World Web Technologies, Inc. P.O. Box 234 T1X 1K8 Chestermere, AB  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$982.00</u>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AccountsReceivable.com 1806 33rd Street, Suite 180 Orlando, FL 32839	Line <u>3.77</u>  <input type="checkbox"/> Not listed. Explain _____	<u>7690</u>
4.2	Brennan & Clark Attn: Dennis Miller 721 East Madison Street, Suite 200 Villa Park, IL 60181	Line <u>3.47</u>  <input type="checkbox"/> Not listed. Explain _____	<u>841P</u>

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor Clifton Hospitality Inc.  
Name

Case number (if known) 19-11094-1

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

		Total of claim amounts
5a.	\$	199,456.98
5b.	+	\$ 1,334,081.72
5c.	\$	1,533,538.70



Fill in this information to identify the case:

Debtor name Clifton Hospitality Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF NEW YORK

Case number (if known) 19-11094-1

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

For prior year:  
From 1/01/2018 to 12/31/2018

☐ Operating a business

\$1,361,245.89

☒ Other Room Revenue

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address  
Relationship to debtor

Dates

Total amount of value

Reasons for payment or transfer

Debtor Clifton Hospitality Inc.Case number (if known) 19-11094-1

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Frank M. Carnevale 422 Vischer Ferry Road Clifton Park, NY 12065 Principal	1/1/18-12/31/ 18	\$182,000.00	Salary
4.2. Dawn Maniccia 422 Vischer Ferry Road Clifton Park, NY 12065	1/1/2018-12/3 1/2018	\$31,000.00	Salary

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Noah Bank v. Clifton Hospitality, Inc. 20183182	Foreclosure	NYS Supreme Court, Saratoga County 30 McMaster Street Ballston Spa, NY 12020	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. The Treasurer of Saratoga Count v. Park Manor Hotel, et al.		NYS Supreme Court, Saratoga County 30 McMaster Street Ballston Spa, NY 12020	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. NYS Dept. of Labor v. Debtor LS06 2019000478	Labor Law Enforcement	New York State Department of Labor Division of Labor Standards State Office Building 12, Room 185A Albany, NY 12240-0125	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Debtor Clifton Hospitality Inc.Case number (if known) 19-11094-1**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>			

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Nolan Heller Kauffman LLP 80 State Street, 11th Floor Albany, NY 12207	\$21,500 in aggregate	May 2019, June 2019	\$21,500.00

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Debtor Clifton Hospitality Inc.

Case number (if known) 19-11094-1

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy  
From-To

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services  
the debtor provides

If debtor provides meals  
and housing, number of  
patients in debtor's care

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☐ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and  
Address

Last 4 digits of  
account number

Type of account or  
instrument

Date account was  
closed, sold,  
moved, or  
transferred

Last balance  
before closing or  
transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with  
access to it  
Address

Description of the contents

Do you still  
have it?

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

Debtor Clifton Hospitality Inc.

Case number (if known) 19-11094-1

☐ None

Facility name and address

Names of anyone with access to it

Description of the contents

Do you still have it?

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

☐ No.

☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☐ No.

☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

☐ No.

☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Debtor Clifton Hospitality Inc.

Case number (if known) 19-11094-1

**Business name address**

**Describe the nature of the business**

**Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed**

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

**Name and address**

**Date of service  
From-To**

26a.1. **Michael Bucci  
Pattison Koskey Howe & Bucci CPA's P.C.  
One Hudson City Center, Suite 203  
Hudson, NY 12534**

**1989-Present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

**Name and address**

**Date of service  
From-To**

26b.1. **Michael Bucci  
Pattison Koskey Howe & Bucci CPA's P.C.  
One Hudson City Center, Suite 203  
Hudson, NY 12534**

**1989-Present**

**Name and address**

**Date of service  
From-To**

26b.2. **Deborah L. Jones  
170 Newry Lane  
Greenville, NY 12083**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address**

**If any books of account and records are  
unavailable, explain why**

26c.1. **Clifton Park Hospitality Inc.  
7 Northside Drive  
Clifton Park, NY 12065**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the  
inventory**

**Date of inventory**

**The dollar amount and basis (cost, market,  
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Debtor Clifton Hospitality Inc.

Case number (if known) 19-11094-1

Name	Address	Position and nature of any interest	% of interest, if any
Lynn Carnevale	7 Northside Drive Clifton Park, NY 12065	Director, President, Treasurer	55
Frank M. Carnevale	7 Northside Drive Clifton Park, NY 12065	Director, Vice President, Secretary	9
Toni Carnevale	7 Northside Drive Clifton Park, NY 12065	Shareholder	9
Felicia Carnevale	7 Northside Drive Clifton Park, NY 12065	Shareholder	9
Nicole L. Carnevale	7 Northside Drive Clifton Park, NY 12065	Shareholder	9
Lori A. DiPace	7 Northside Drive Clifton Park, NY 12065	Shareholder	9

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Debtor Clifton Hospitality Inc.

Case number (if known) 19-11094-1

Name of the pension fund

Employer Identification number of the parent corporation

**Part 14:** Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

Signature of individual signing on behalf of the debtor

Frank M. Carnevale  
Printed name

Position or relationship to debtor

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes



UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF NEW YORK

In re Clifton Hospitality Inc.  
DBA Park Manor Hotel

Debtor

Case No. 19-11094-1

Chapter 11

Social Security No(s). and all Employer's Tax Identification No(s). *[if any]*  
04-3724094

CERTIFICATION OF MAILING MATRIX - AMENDED

I,(we), Francis J. Brennan, the attorney for the debtor/petitioner (or, if appropriate, the debtor(s) or petitioner(s)) hereby certify under the penalties of perjury that the above/attached mailing matrix has been compared to and contains the names, addresses and zip codes of all persons and entities, as they appear on the schedules of liabilities/list of creditors/list of equity security holders, or any amendment thereto filed herewith.

Dated: 7/1/19

  
Francis J. Brennan

Attorney for Debtor/Petitioner  
(Debtor(s)/Petitioner(s))

A-Verdi LLC  
14150 Route 31  
Savannah, NY 13146

Access Hotel Management LLC  
c/o Capital Services, Inc.  
1218 Central Avenue, Suite 100  
Albany, NY 12205

AccountsReceivable.com  
Acct No 18327690  
1806 33rd Street, Suite 180  
Orlando, FL 32839

Ale Solutions, Inc.  
One W. Illinois Street, Ste #300  
Saint Charles, IL 60174

All Seasons Textile Services, Inc.  
9 Taylor Avenue  
P.O. Box 222  
Clinton, NY 13323

Alliance Reservations Network  
428 East Thunderbird Road, #247  
Phoenix, AZ 85022

American Express  
P.O. Box 1270  
Newark, NJ 07101

American Hotel Register Company  
Acct No xx0401  
100 South Milwaukee Avenue  
Vernon Hills, IL 60061-4305

AmTrust North America  
Acct No xxx0487  
800 Superior Avenue E  
Cleveland, OH 44114

Ascentium Capital LLC  
Acct No xxx5339  
23970 Highway 59N  
Kingwood, TX 77339

Askco Electric Supply Inc.  
Acct No COMSUI  
14 Cooper Street  
P.O. Box 2176  
Glens Falls, NY 12801

Assa Abloy Entrance Systems US Inc.  
Acct No xx0045  
1900 Airport Road  
Monroe, NC 28110

Assa Abloy Entrance Systems US Inc.  
1900 Airport Road  
Monroe, NC 28110

Booking.com  
P.O. 414462  
Boston, MA 02241-4462

Brennan & Clark  
Acct No CL0022841P  
Attn: Dennis Miller  
721 East Madison Street, Suite 200  
Villa Park, IL 60181

Carbon's Golden Malted  
4101 William Richardson Drive  
South Bend, IN 46628

Casella Waste Services  
P.O. Box 1372  
Williston, VT 05495-1372

Celtic Bank  
c/o Kabbage  
P.O. Box 77081  
Atlanta, GA 30357

Century Linen  
335 North Main Street  
Gloversville, NY 12078

Choice Hotels International  
Acct No xxx28-03  
P.O. Box 99992  
Chicago, IL 60696-7792

Choice Hotels International, Inc.  
Acct No xY228  
Attn: TMI  
1 Choice Hotels Circle, Suite 400  
Rockville, MD 20850

Clifton Motel II, LLC  
7 Northside Drive  
Clifton Park, NY 12065

Clifton Motel II, LLC  
7 Nortside Drive  
Clifton Park, NY 12065

Clifton Park Water Authority  
Acct No xx9413  
661 Clifton Park Center Road  
Clifton Park, NY 12065

Clifton Restaurant Group LLC  
7 Northside Drive  
Clifton Park, NY 12065

Clifton Suites, Inc.  
7 Northside Drive  
Clifton Park, NY 12065

Commtrak  
17493 Nassau Commons Blvd  
Lewes, DE 19958

County Waste  
P.O. Box 431  
Clifton Park, NY 12065

Crisafulli Bros. Plumbing & Heating  
Acct No xxxx0050  
520 Livingston Avenue  
Albany, NY 12206

Deep Blue Communications, LLC  
7 Century Hill Drive  
Latham, NY 12110

Dow Jones & Company  
Acct No xx1828  
c/o Allen Maxwell & Silver  
P.O. Box 540  
Fair Lawn, NJ 07410

DSC Alarm  
P.O. Box 38216  
Albany, NY 12203

ECOLAB  
Acct No xxxxxx4176  
P.O. Box 32027  
New York, NY 10087-2027

Expedia, Inc.  
P.O. Box 844120  
Dallas, TX 75284-4120

Frank M. Carnevale  
7 Northside Drive  
Clifton Park, NY 12065

Functional Comm. Corp.  
Acct No xx3767  
23 Krey Blvd  
Rensselaer, NY 12144

Gauch Distributing  
474 North Greenbush Road  
Rensselaer, NY 12144

Halpern Travel  
121 Loring Avenue, Suite 425  
Salem, MA 01970

HD Supply Facilities Maintenance, Ltd.  
Acct No xxx3773  
P.O. Box 509058  
San Diego, CA 92150-9058

Industrial Chem Labs  
55 Brook Avenue  
Deer Park, NY 11729

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

IOU Financial  
600 Town Park Lane, Suite 140  
Kennesaw, GA 30144

KeyBank  
Acct No xxxxxx6058  
Commercial Loan Department  
P.O. Box 94525  
Cleveland, OH 44101-4525

Leland Paper Company, Inc.  
10 Leland Drive  
Glens Falls, NY 12801

Leonardo Worldwide Corp.  
P.O. 311116  
Detroit, MI 48231-1116

Lew's Lawn Care  
12A New Shaker Road  
Albany, NY 12205

Lynn and Frank M. Carnevale, Trustees  
7 Northside Drive  
Clifton Park, NY 12065

Lynn Carnevale  
7 Northside Drive  
Clifton Park, NY 12065

Lynn Carnevale and Frank M. Carnevale  
7 Northside Drive  
Clifton Park, NY 12065

Merchant Data Solutions  
207 NY 355  
Poestenkill, NY 12140

Michigan Millers Mutual Insurance Co.  
Acct No xxxxxx841P  
c/o Arthur J. Gallagher Risk Mgmt Svcs  
677 Broadway, 4th Floor  
Albany, NY 12207

Morgan Linen Service  
145 Broadway  
Menands, NY 12204

National Business Leasing  
505 Bradford Street  
Albany, NY 12206

National Business Technologies  
Acct No xx0927  
505 Bradford Street  
Albany, NY 12206

National Grid  
Acct No xxxxx-x8000  
300 Erie Boulevard West  
Syracuse, NY 13252

National Grid  
Acct No xxxxx-x2001  
300 Erie Boulevard West  
Syracuse, NY 13252

NCB Management Services, Inc.  
Acct No xx4768  
P.O. Box 1099  
Langhorne, PA 19047

New York State Department of Labor  
Acct No xxxx xxxxxxxx0478  
Division of Labor Standards  
State Office Building 12, Room 185A  
Albany, NY 12240-0125

Noah Bank  
7301 Old York Road  
Elkins Park, PA 19027

NYS Department of Tax & Finance  
Bankruptcy Section  
P.O. Box 5300  
Albany, NY 12205-0300

NYSEG  
Acct No xxxx-xxx1-005  
Corporate Offices  
1387 Dryden Road  
Ithaca, NY 14850-8810

Office of the Saratoga County Treasurer  
Hotel Tax Department  
40 McMaster Street  
Ballston Spa, NY 12020

Onyx CenterSource  
5420 Lyndon B. Johnson Fwy #900  
Dallas, TX 75240

Orkin  
Acct No xxxx4231  
5 Hemlock Street  
Latham, NY 12110-2235

Otis Elevator Company  
Acct No xx0159  
5500 Village Blvd, Suite 102  
West Palm Beach, FL 33407

Pattison Koskey Howe & Bucci PC  
One Hudson City Center, Suite 203  
Hudson, NY 12534

Performance Food Service  
Acct No xxxxxx8618  
12500 West Creek Parkway  
Henrico, VA 23238

Price Chopper  
Acct No xxxx3145  
c/o TRS Recovery Services, Inc.  
P.O. Box 60022  
City of Industry, CA 91716-0022



Pro Tech Automatic Sprinklers  
59 Exchange Street  
Albany, NY 12205

Quality Cleaners  
Acct No xxxxxx2255  
15 Park Avenue  
Shopper's World Plaza  
Clifton Park, NY 12065

R&D Industries, Inc.  
Acct No xxxM002  
812 10th Street  
Milford, IA 51351

RBM-Guardian Fire Protection, Inc.  
8 Enterprise Drive  
Albany, NY 12204

RFID Hotel  
55 Skyline Drive, Suite 2850  
Lake Mary, FL 32746

Sabre Hospitality Solutions  
Acct No xxxx6509  
3150 Sabre Drive  
Southlake, TX 76092

Sam's Club/GECRB  
Acct No xxxxxxxxxxxxx2665  
P.O. Box 530942  
Atlanta, GA 30353-0942

Saratoga Eagle  
Acct No x1830  
45 Duplainville Road  
Saratoga Springs, NY 12866

Sherwin Williams  
Acct No xxxxxx3385  
c/o McCarthy, Burgess & Wolff  
26000 Cannon Road  
Bedford, OH 44146

Sonifi Solutions, Inc.  
Acct No xxxxx82.01  
3900 West Innovation Street  
Sioux Falls, SD 57107-7002

Southern Glazer's of NY Upstate  
Acct No x8503  
P.O. Box 4705  
Syracuse, NY 13221-4705

Sunshine Landscaping  
733 Waite Road  
Clifton Park, NY 12065

Sysco Food Service  
Acct No xx7549  
One Liebich Lane  
Clifton Park, NY 12065

Telesys  
251 New Karner Road  
Albany, NY 12205

The Basil Law Group  
1270 Broadway, Suite 305  
New York, NY 10001

The Basil Law Group, P.C.  
Attn: Robert J. Basil, Esq.  
1270 Broadway, Suite 305  
New York, NY 10001

The Daily Gazette Co Inc.  
Acct No xxx2354  
P.O. Box 1090  
Schenectady, NY 12301-1000

The Ice Farm Inc.  
6500 New Venture Geer Drive, Suite 7594  
East Syracuse, NY 13057

Time Warner Cable  
Acct No xxx-xxxxxxxxx2-001  
P.O. Box 0872  
Charlotte, NC 28272-0872

Time Warner Cable  
Acct No xxx-xxxxxxxx1-001  
P.O. Box 0872  
Charlotte, NC 28272-0872

Travel Tripper LLC  
370 Lexington Avenue Suite 1601  
New York, NY 10017

TravelNet  
9900 Hemingway Avenue  
South Cottage Grove, MN 55016

U.S. Small Business Administration  
409 3rd Street, SW  
Washington, DC 20416

Upstate Food Equipment  
P.O. Box 600  
Baldwinsville, NY 13027

W.B. Mason Co., Inc.  
Acct No xxxx0019  
59 Centre Street  
Brockton, MA 02301

William Roam  
Acct No xx193W  
3131 North Franklin Road, Suite C  
Indianapolis, IN 46226

World Web Technologies, Inc.  
P.O. Box 234  
T1X 1K8  
Chestermere, AB